

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541648

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | 2 | | | | | |
| 6 | 2 | | | | | |
| 7 | 2 | | | | | |
| 8 | 2 | | | | | |
| 9 | | | | | | |
| 10 | 8 | 0 | | | | |
| 11 | | 0 | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 2 | | | | | |
| 15 | 2 | | | | | |
| 16 | 2 | | | | | |
| 17 | 2 | | | | | |
| 18 | 2 | | | | | |
| 19 | 2 | | | | | |
| 20 | 2 | 0 | 0 | 0 | | |
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| 22 | 2 | 0 | 0 | 0 | | |
| 23 | 2 | 0 | 0 | 0 | | |
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| TOTAL DEP. | 34 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 34 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | | | 2 | | |
| TOTAL CLAIMS | 34 | | | | | |